



**Children
of Faith**
PRESCHOOL

10000 Spain Road NE Albuquerque, NM 87111 (505) 323-6400

2022-2023

Pre-Kindergarten/Kindergarten Registration

Child's Name	Birth Date	Age

Parent (s)/Guardian(s) First and Last Name

Street Address	City & State	Zip Code
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Best Phone #	E-mail Address
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Time: 9:00AM-1:00PM Full Day (Lunch Bunch) ___ \$550.00 per month

9:00AM-1:00PM (3 days/week) ___ \$310.00 per month

7:00AM-3:15PM (Extended) ___ add \$110 per month

7:00AM-6:00Pm (Extended) ___ add \$210 per month

Registration Fee: \$175 non-refundable enrollment fee must accompany this contract.

EXTENDED CARE CONTRACT (Drop-In Rates: Rates are lower if you commit to a monthly schedule) *See Programs Offered and Tuition Rates Sheet

	<u>Blocks of Time</u>	<u>Per Day</u>	<u>Circle choice of Days Per Week</u>
AM Extended Care	7:00am-9:00am	\$10.00	M T W TH F
Lunch Bunch	12:00pm-1:00pm	\$ 8.00	M T W TH F
PM Extended Care	12:00pm-3:15pm	\$ 20.00	M T W TH F
PM Extended Care	12:00pm-6:00pm	\$ 35.00	M T W TH F

Drop In Rate for school day 9:00am-12:00pm and 9:00am-1:00pm \$25.00 per day and \$28.00 per day

TUITION AGREEMENT

I agree that my child’s monthly tuition and childcare fees are due by the 10th of each month. If my payment is not received by the 10th, I will pay a **\$35.00 late charge** along with my regular payment. After the 10th, a reminder notice will be sent. If the account is not paid by the end of the month, my child will be disenrolled.

I understand that no reduction in tuition or make-up days will be granted for illness, absences, vacations, or when the school is closed for holidays. I agree to pay for drop-in care that I have reserved for my child, even if my child does not attend.

In case I withdraw my child from the program, I agree to provide the center with written notification two weeks prior to withdrawal. If this notice is not given, I agree to pay two weeks tuition.

I understand that children not picked up from preschool by 10 minutes after their agreed upon dismissal time, they will automatically be enrolled in lunch bunch or extended care with the drop-in rates mentioned above. I agree to pay a late charge of \$20.00 for each 10 minutes if I am late to pick up my child after agreed upon dismissal time.

I have read, understand, and agree to the policies, procedures, and services of Children of Faith as outlined in the Parent Handbook.

Signature of Parent or Guardian financially responsible for child. _____
Date

Prior to the first day, each child is required to have a current immunization record on file.

